PRINTED: 09/30/2008 FORM APPROVED Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5282PCA 08/27/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8687 W SAHARA AVE #190 **CARE 4 LIFE** LAS VEGAS, NV 89117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 000 P 000 **Initial Comments** This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted in your agency on August 27, 2008. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The following deficiencies were identified: Section 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375 Based on record review and interview on 8/27/08. the agency did not ensure that 2 of 15 attendants met the tuberculosis (TB) requirements as outlined in Nevada Administrative Code (NAC) 441A.375. Findings include:

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Employee #8 - Hire date was 11/30/06. The employee's file did not contain a copy of a physical examination or certification from a licensed physician that the person was in a state of good health, was free from active tuberculosis and any other disease in a contagious state.

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(e) The criteria, circumstances or conditions which may result in the termination of personal care services by the agency and the policy for notifying clients of such termination of

personal care services;

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attendant's qualification and training requirements, a statement delineating the

in termination of services and the policy for notifying the clients of termination of services, or

contacting the administrator and the on-call policy

a statement outlining the procedures for

conditions which may result

for the agency.

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Based on record review on 8/27/08, the agency did not ensure that 3 of 14 clients received the telephone number of the Bureau to register a complaint or were informed that the Health Division may examine their records. The agency did not ensure that 3 of 14 clients were informed of their ability to make reasonable requests and to receive information regarding policies and

procedures.

Findings include:

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visit from an attendant is required;

Based on record review on 8/27/08, the agency did not ensure that 3 of 14 clients received a review of their service plan which included the hiring and training policies of the agency, the

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